

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 876)

APPLICANT'S

09/495509

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	I.NO.	O.E.P.	I.NO.	O.E.P.	I.NO.	O.E.P.
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TOTAL I.NO.	3					
TOTAL O.E.P.	41	↔	↓	↔	↓	↔
TOTAL I.P.T.	44	↓	↔	↓	↔	↓

	I.NO.	O.E.P.	I.NO.	O.E.P.	I.NO.	O.E.P.
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TOTAL I.NO.	?					
TOTAL O.E.P.	?	↔	↓	↔	↓	↔
TOTAL I.P.T.	?	↓	↔	↓	↔	↓
TOTAL	1225525		1255525		1225525	